

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 04-12	2. STATE: ILLINOIS
	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: August 13, 2004	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT a. FFY '04 \$ 0.8 million b. FFY '05 \$ 6.0 million	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, page 45	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, page 45	
10. SUBJECT OF AMENDMENT: Personal Care Services <div style="text-align: right;"><i>Illinois (04-12)</i> <i>Approved: 12/3/04</i> <i>Effective: 08/13/04</i></div>		
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Not submitted for review by prior approval.		
12. SIGNATURE OF AGENCY OFFICIAL:	16. RETURN TO: Illinois Department of Public Aid Bureau of Program and Reimbursement Analysis Attn: Frank Kopel, Chief 201 South Grand Avenue East Springfield, IL 62763-0001	
13. TYPED NAME: Barry S. Maram		
14. TITLE: Director of Public Aid		
15. DATE SUBMITTED		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: September 20, 2004	18. DATE APPROVED: <i>12/3/04</i>	
PLAN APPROVED—ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>08/13/2004</i>	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Cheryl A. Harris</i>	
21. TYPED NAME Cheryl A. Harris	22. TITLE: Associate Regional Administrator, Div. of Medicaid & Children's Health	
23. REMARKS:		

STATE PLAN UNDER TITLE XIX OF THE *SOCIAL SECURITY ACT*

State: **Illinois**

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—OTHER TYPE OF CARE—BASIS FOR REIMBURSEMENT

24. **RESPIRATORY CARE SERVICES:** Payment will be made at lesser of usual and customary or at 70% of physician fee scale.
- 08/04 25. **PERSONAL CARE SERVICES:** Payment will be at the minimum wage plus Social Security (FICA). If no provider is available at minimum wage, payment will be based on a fee-for-service paid at the lower of two or three bids by individuals with experience in the community who are available to meet the demand. For personal care providers represented through a collective bargaining agreement with a State agency, reimbursement will be made pursuant to the negotiated contract.
- 10/91 26. **CASE MANAGEMENT FOR EPSDT:** Payment will be made for case management services through established fee screens related to needs of individual children. Payment will be made for case management services provided to Medicaid eligible children age birth to 21. Case management services include referring the participant to or discussing the need for routine or acute pediatric care. This includes discussion and referral to preventive medical and dental services provided to children consistent with the Academy of Pediatric guidelines. Case management may include informing clients of available services, scheduling or notifying them of their appointments and arranging transportation. Case management includes locating, coordinating and monitoring necessary and appropriate medical care identified during a health screening.
- The fee screens have been established for the following groupings of EPSDT Medicaid eligible children:
- Chronically ill and physically disabled children age birth to 21 who, under special program considerations, may live in their own home or home-like environment if the cost of such services is less than institutionalization and is in the best interest of the child;
 - Functionally limited children with multiple needs or a high level of vulnerability who, as shown by an assessment, require mental health case management;
 - Children identified as HIV positive and at risk of institutionalization or the result of AIDS related symptoms who, as shown by an assessment, require case management and additional services of personal care, homemaker services, assistive devices and electronic home response or other equipment;